

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/885288</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">9/14/04</div>						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				12			63						
14				12			64						
15			1				65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23				8			73						
24				8			74						
25			1				75						
26				1			76						
27			1				77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33			1				83						
34				1			84						
35				1			85						
36				1			86						
37			1				87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				6			93						
44				6			94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.			84				TOTAL DEP.						
TOTAL CLAIMS			90				TOTAL CLAIMS						